## **Late Contribution Report**

## Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Ira Ruskin For Senate			Date of This Filing01/26/2009	Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER (916)-34-8-9100	I.D. NUMBER (if applicable) 1314308		Report No01262009-1		For Official Use Only		
STREET ADDRESS		Amendment to Report No.	Page 1 of 2				
CITY Redwood City	STATE CA	ZIP CODE 94061	(explain below)  No. of Pages 2				

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/19/2009	Plumbers & Pipefitters Local 447, Federal Political Action Fund Sacramento, CA 95819-  ID# 1262838	☐ IND ■ COM □ OTH □ PTY □ SCC		\$3,900.00
01/19/2009	Plumbers & Pipefitters Local 447, Federal Political Action Fund Sacramento, CA 95819-  ID# 1262838	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$3,900.00
01/19/2009	Plumbers & Steamfitters Local No. 467 State & Political Action Fund Burlingame, CA 94010-	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$7,800.00

*Contributor Codes	
IND - Individual PTY - Political	l Party
COM - Recipient Committee (other than PTY or SCC) SCC - Small COTH - Other	Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

## **Late Contribution Report**

# Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Ira Ruskin For Senate				Date of This Filing01/26/2009		Date	e Stamp	CALIFORNIA FORM	497	
AREA CODE/PHONE NUMBER (916)-34-8-9100 1.D. NU		I.D. NUMBER (if applicable 1314308	)	Report No. 01262009-1				For Official Use Only		
STREET ADDRESS				Amendment to Report No.	Page 2 of 2					
CITY STATE ZI Redwood City CA 94		ZIP CODE 94061	(explain below)  No. of Pages	2						
Late Contri	bution(s) Made									
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION			AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC